

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

APPLICATION FOR CATERING PERMIT [CT]

PLENARY RETAIL CONSUMPTION LICENSEE TO SERVE OFF THE LICENSED PREMISES

Application must be accompanied by a fee of **\$100.00** for each 24-hour period, payable by CHECK or MONEY ORDER to the Division of Alcoholic Beverage Control.

Pursuant to N.J.S.A. 33:1-74, undersigned makes application for a Special Permit to sell, dispense and serve alcoholic beverages off the licensed premises.

1. Name of Licensee _____
2. License Number _____
3. Address of Licensed Premises _____

4. Contact Person _____
5. Contact Telephone Number _____
6. For what type of event is this Permit sought? _____

7. Location of premises where affair will be held:
Name _____
Address _____
Is affair to be held indoors or outdoors? _____

APPLICATIONS SHOULD BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO THE EVENT

SUBMIT A DETAILED SKETCH OF THE LOCATION WHERE ALCOHOLIC BEVERAGES ARE TO BE DISPENSED. PLEASE INCLUDE THE BAR AREA AND LOCATION OF PERSON/PERSONS CHECKING ID'S FOR ANYONE UNDER THE LEGAL AGE.

8. State date affair will be held and between what hours alcoholic beverages will be dispensed:
_____, 20____ from _____ to _____
(Date) (Time) (Time)
Rain Date: _____
9. Will a charge be assessed by ticket, contribution or otherwise? Yes() No()
10. Will there be a cash bar? Yes() No()
11. Are the premises where the affair is to be held owned by a municipality, county or the State?
Yes() No()
If yes, state the name of owner _____
For what purpose is premises normally used? _____
12. Is affair to be held on church property? Yes() No()
Are the premises where affair is to be held licensed? Yes() No()
If yes, state the license number _____

13. Check the types of alcoholic beverages to be dispensed if Permit is granted:

Wine() Distilled Spirits() Malt Alcoholic Beverages()

The applicant represents that if a Special Permit is issued, the permittee will fully abide by all provisions of the New Jersey Alcoholic Beverage Law, State Rules and Regulations, and Municipal Ordinances and Regulations, the same as if the sale and service were occurring upon the applicant's licensed premises.

Print Name of Authorized Signator

Signature

The following consent is to be signed by the person so authorized at the premises where the affair is to be held, including property under the control of a unit of government, municipality, county or State; a church; or a premises under license or other privately owned facility.

I certify that I am the person authorized to permit the sale and service of alcoholic beverages on the premises described in the application form, and I certify that there is no objection to the sale and service of alcoholic beverages as herein specified.

Date

Print Name and Title of Signator

Signature

NO PERMIT WILL BE GRANTED UNLESS WRITTEN MUNICIPAL APPROVALS
PROVIDED FOR BELOW ARE FIRST OBTAINED.

This is to certify that there are no objections to the issuance of the Permit applied for herein and that NOT MORE THAN 25 SPECIAL PERMITS HAVE BEEN AUTHORIZED FOR THESE PREMISES DURING THIS CALENDAR YEAR.

Police Chief (Name)

Municipal Clerk (Name)

Signature

Signature

Name of Municipality

Name of Municipality

Date

Date

MUNICIPAL SEAL

TYPE OR PRINT NAME AND ADDRESS OF PERSON TO WHOM PERMIT IS TO BE MAILED:

NAME _____

ADDRESS _____

TELEPHONE NO. () _____